

## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: COMPOSITE FRAME MEMBER AND  
FRAME FOR A WHEELCHAIR  
Attorney Docket Number:: WATTERTON1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Switzerland  
Status:: Full Capacity  
Given Name:: Simon

Middle Name:: B.L.  
Family Name:: WATTERTON  
Name Suffix::  
City of Residence:: Hofstetten  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of Mailing Address:: Im Wygaertli 53  
City of Mailing Address:: Hofstetten  
State or Province of Mailing Address::  
Country of Mailing Address:: Switzerland  
Postal or Zip Code of Mailing Address:: CH-4114  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Switzerland  
Status:: Full Capacity  
Given Name:: Rainer  
Middle Name::  
Family Name:: KUESCHALL  
Name Suffix::  
City of Residence:: Sissach  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of Mailing Address:: Kluserstrasse 25  
City of Mailing Address:: Sissach  
State or Province of Mailing Address::  
Country of Mailing Address:: Switzerland  
Postal or Zip Code of Mailing Address:: CH-4054

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	03 027 238.9	11/28/03	Yes
Europe	03 004 733.6	03/04/03	Yes

**Assignment Information**

Assignee Name::	KUSCHALL AG
Street of Mailing Address::	Ringstrasse 15
City of Mailing Address::	Allschwil
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-4123